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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>/TREVOR M LOVE/ Examiner's Signature</i>		<input type="checkbox"/> Met after Allowance <i>Initials</i>	GERMANY	4	39	3

ADDRESS

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TITLE

Pharmaceutical Composition For Topical Use In Form Of Xerogels Or Films And Methods For Production

FILING FEE RECEIVED 1260	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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